



**May 24, 2010**

## **Health Advisory**

# **MEMO**

**TO:** North Dakota Physicians  
North Dakota Infection Control Nurses  
North Dakota Laboratory Directors  
Local Public Health Unit Administrators

**FROM:** Michelle Feist, West Nile virus surveillance coordinator  
Tracy K. Miller, MPH, Epidemiology and Surveillance Program manager

**RE:** Surveillance for West Nile virus (WNV) Illness

**DATE:** May 24, 2010

The North Dakota Department of Health (NDDoH) does not offer free WNV testing to all patients. Free human WNV testing only will be available June 1, 2010, through September 30, 2010, on specimens from patients meeting any one of the following criteria:

### Criteria I – Neuroinvasive Disease

- The presence of fever is required with at least one of the following:
  - Signs of brain dysfunction (e.g., altered mental status, confusion, coma, disorientation and stupor)
  - Signs of other neurologic dysfunction (e.g., stiff neck, sensory deficits, abnormal reflexes or movements, paralysis and pleocytosis in cerebrospinal fluid)

### Criteria II – Non-neuroinvasive Disease

- The presence of documented fever is required and should include at least one additional symptom such as:
  - Headache, myalgia, arthralgia, malaise, skin rash, photo-phobia, lymphadenopathy, etc.

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West Nile virus IgM antibody testing is provided at the Division of Laboratory Services (DSL) and will be conducted on serum samples (at least 2 ml of serum is required). If CSF is drawn, it should be stored frozen. West Nile virus testing will be performed at the DLS on Mondays and Wednesdays; as sample submission increases, additional days will be added to the testing regime. Positive screening and positive confirmatory results will be called to providers the day testing is completed.

The DLS test request form (SFN 5826) must be completed with the following information to ensure free testing (if eligible, see above criteria):

- **Patient name and date of birth**
- **Complete address**
- **Symptoms and date of onset**
- **Hospitalization status**

Serum and the completed laboratory test request form (SFN 5826) should be sent to the Division of Laboratory Services, 2635 East Main Avenue, P.O. Box 5520, Bismarck, ND 58506-5520. If you have questions regarding testing/shipping, please contact the DLS at 701.328.6272.

Please do not hesitate to contact the North Dakota Department of Health at 701.328.2378 or toll free at 800.472.2180 or the field epidemiologist in your area if you have any questions or concerns. Your assistance with the surveillance program is greatly appreciated.

Encs.

cc: Dr. Terry Dwelle, state health officer  
Dr. Kent Martin, field medical officer  
Kirby Kruger, Medical Services Section chief  
Myra Kosse, director, Division of Laboratory Services



# Criteria for West Nile Virus Testing

North Dakota Department of Health  
West Nile Virus Program

Division of Disease Control  
2635 E Main Ave, P.O. Box 5520  
Bismarck, ND 58506-5520  
Telephone: 800.472.2180 or 701.328.2378  
Fax: 701.328.2499

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The North Dakota Department of Health (NDDoH) is conducting surveillance to identify illnesses which may be due to West Nile virus (WNV). The North Dakota Department of Health will provide **free** West Nile virus testing only on serum specimens from **patients** meeting any one of the following criteria:

## **Criteria I – Neuroinvasive Disease**

- The presence of fever is required with at least one of the following:
  - Signs of brain dysfunction (e.g., altered mental status, confusion, coma, disorientation and stupor)
  - Signs of other neurologic dysfunction (e.g., stiff neck, sensory deficits, abnormal reflexes or movements, paralysis and pleocytosis in cerebrospinal fluid)

## **Criteria II – Non-neuroinvasive Disease**

- The presence of documented fever is required and should include at least one additional symptom such as:
  - Headache, myalgia, arthralgia, malaise, skin rash, photo-phobia, lymphadenopathy, etc.

The **Laboratory Test Request Form (SFN 5826)** must accompany **ALL** samples submitted for West Nile virus testing.

**Patient name, complete address, date of birth, symptoms, date of onset and hospitalization status must be completed on the laboratory test request form (SFN 5826).**  
**Please note: the above information needs to be documented on the lab request form in order to be eligible for free testing.**

**WNV testing will be performed at the Division of Laboratory Services on Mondays and Wednesdays:**

- Positive screening results will be called to providers on hospitalized patients the day testing is completed
- Positive confirmatory results will be performed on Tuesdays and Fridays and called out as soon as the testing is completed

**Please note:** If CSF was drawn, it should be stored frozen. Questions regarding laboratory testing may be directed to the Division of Laboratory Services at 701.328.6272.